2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBB)

FILED Jul 31, 2003 8:00 am Secretary of State

						03	7-31-2003 :	90071-02	9 ***5	50.00	
DOCUI	MENT # P000 0										
HUE KIM SIDMAN APARTMENT & BOAT SLIP CORPORATION											
Principal Place of Business Mailing Address 124 HENDRICKS ISLE 124 HENDRICKS ISLE				! <u></u>							
FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 333									HII M		
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City & State			4.	FEI Number 65	-1062165			oplied For at Applicable	
Zip	Country	Zip	Coun	try	5.	Certificate of Statu	ıs Desired		.75 Add Require		}
	6. Name and Address of Current	Registered Agent = -				7: Name and Address of New Registered Agent					
			Name						— ~	ł	
SIDMAN, HUE KIM 124 HENDRICKS ISLE				Street Address (P.O. Box Number is Not Acceptable)							
FORT LAUDERDALE FL 33301			V		:					·]
·				City		FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and tide is explicable. (NOTE: Registered Agent signature required when reinstating) DATE											
CIT & MONNIN ESE IS SEED OO											
After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State							ampaign Finar Contribution.	icing 🗍		O May Be to Fees	
10. OFFICERS AND DIRECTORS					A	DDITIONS/CHANG	SES TO OFFIC	ERS AND DIE	RECTORS	IN 11	-1
TITUE	D .:	☐ Delete	11. 111LE		,				Change	Addition	<u>§</u>
STREET ADDRESS	SIDMAN, HUE KIM 124 HENDRICKS ISLE	,	NAM! STRE	ET ADDRESS	•			•	_		CR2E034 (4/03)
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		CITY	-ST-ZIP							Z
TITLE NAME	j.c.	☐ Delete	TITLE					•	Change	☐ Addition	2
STREET ADDRESS	•	-	STRE	ET ADDRESS		,		-			1
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NAME			MAMI							<u> </u>	
STREET ADDRESS City-St-Zip				ET ADDRESS) ST-ZIP							
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CITY-ST-ZIP	·		1	ST-ZIP	· •	·					
TITLE		☐ Deleta	TITLE	,			•		Change	☐ Addition	
NAME STREET ADDRESS		•	NAME	ET ADDRESS			•	•			
CITY-ST-ZIP				ST-ZIP	, ,	· 					
TITLE		☐ Deleta	TITLE	ì					Change	Addition	}
NAME Street Address			NAME	T ADDRESS							
CITY-ST-ZIP		•		ST-ZIP							
of the cot	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo	to average of herous	AS CACILIC	nption stated ure shall have	In Section 1 the same I	119.07(3)(i), Florid legal effect as il mi	a Statutes. I fu	riher certify the that I am an	nat the in	formation or director Block 11 if	
changed.	or on an attachment with an address, v	vith all other like empowered			. worg i Rent	cigiotes, and t				2.99N 171)	j